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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

None. SJF

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

None. SJF

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 08/13/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials <i>SJF</i>	STATE OR COUNTRY NY	SHEETS DRAWING 16	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 4
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## TITLE

INTEGRATED SOI FINGERED DECOUPLING CAPACITOR

FILING FEE  RECEIVED 964	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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